



Conference Declaration (Sixth outline)

Working paper

1 Preamble

2 1. We, the Ministers and Representatives of Member States in the European Region of the
3 World Health Organization (WHO) responsible for health and the environment, together with the
4 WHO Regional Director for Europe and in the presence of the Commissioners for Health and the
5 Environment of the European Commission, have gathered in Budapest from 23 to 25 June 2004
6 for a meeting built on the foundations laid at the previous Environment and Health conferences
7 held in Frankfurt (1989), Helsinki (1994) and London (1999), to ensure a healthy future for our
8 children.

9 2. Noting the important contributions to recognition of the public health relevance of the links
10 between children's health and the environment made by previous processes such as those leading
11 to the Convention on the Rights of the Child, the Millennium Development Goals and the Plan of
12 Implementation of the World Summit on Sustainable Development (WSSD), we are aware of the
13 need to continue to implement these commitments in order to improve the conditions in which
14 children in the European Region of WHO grow, live, learn, work and play.

15 3. Acknowledging the competence and leadership of WHO within the United Nations system
16 in establishing guidelines and developing policies in the field of health and the environment and
17 building upon the foundation and spirit of the Constitution of the World Health Organization,¹
18 we note with satisfaction that, since the beginning of the Environment and Health process in
19 1989, noticeable progress has been made in improving the state of health and the environment in
20 Europe. We welcome the report entitled *Health and the environment in the WHO European*
21 *Region: Situation and policy at the beginning of the 21st century*, prepared by WHO with
22 support from the European Commission. However we are particularly concerned that, as
23 different as it is from region to region, the burden of disease due to environmental hazards is
24 continuing to have serious impacts on public health. We recognize that preventing ill health and
25 injury is infinitely more desirable and cost-effective than trying to address the diseases. In such
26 preventive and promotive efforts, special attention needs to be paid to the gender perspective and
27 to rising economic disparities in the Region, with their concomitant effect on social
28 environments.

29 From London and beyond

30 4. We recall the signing of the Protocol on Water and Health to the 1992 Convention on the
31 Protection and Use of Transboundary Watercourses and International Lakes² and, taking note of
32 the fact that only 11 states had deposited instruments of ratification of the Protocol by April
33 2004, we urgently call upon the remaining Member States in the European Region and the
34 European Union to ratify or accede to the Protocol and urge those Member States who signed the
35 Protocol in London to ratify it as soon as possible, so that it can come into effect in 2004. We
36 also recall the Millennium Development Goals, confirmed and supplemented by the WSSD Plan
37 of Implementation, and renew our pledge to reach them. In particular, we confirm our

¹ The Constitution was adopted by the International Health Conference held in New York from 19 June to 22 July 1946, signed on 22 July 1946 by the representatives of 61 States (*Off. Rec. Wld. Hlth. Org.*, 2, 100), and entered into force on 7 April 1948. Amendments adopted by the Twenty-sixth, Twenty-ninth and Thirty-ninth World Health Assemblies (resolutions WHA26.37, WHA29.38 and WHA39.6) came into force on 3 February 1977, 20 January 1984 and 11 July 1994 respectively.

² Turkey has reservations on this paragraph, since it is not a signatory to the Protocol.

1 commitment taken at global level to halve, by 2015, the proportion of people without sustainable
2 access to safe drinking-water and basic sanitation. In this regard, we will develop and implement
3 integrated water resource management plans, including sustainable water conservation.

4 5a. We recall the commitments we made in the London Charter on Transport, Environment
5 and Health and acknowledge the establishment of the Transport, Health and Environment Pan-
6 European Programme (THE PEP), which was submitted to WSSD. We commend the significant
7 progress that has already been achieved by THE PEP and recognize the relevance of these
8 initiatives to successful implementation of the Children's Environment and Health Action Plan
9 for Europe (CEHAPE). We reaffirm the commitments we made to THE PEP, including the
10 allocation of adequate resources for implementing the activities outlined in THE PEP workplan.
11 We will continue our efforts to ensure adequate participation by newly independent states and
12 south-eastern European countries; to strengthen, encourage and support more active involvement
13 of the health sector in the process; and especially to integrate health arguments into the transport
14 and environment agenda at national level.

15 5b. We invite the WHO/United Nations Economic Commission for Europe (UNECE)
16 Secretariat of THE PEP, together with THE PEP Steering Committee, its Bureau and other
17 intergovernmental and nongovernmental organizations, to implement THE PEP plan of action by
18 providing coordination, monitoring progress and undertaking appropriate actions to that effect,
19 and we commit ourselves to supporting their endeavours.

20 6. We recognize the relevance of national environment and health action plans (NEHAPs) or
21 equivalent initiatives throughout the Region as an effective mechanism for environment and
22 health policy-making and commend the continuing efforts to implement and evaluate them. We
23 commit ourselves to updating these plans as required, in the light of the outcomes of this
24 Conference. We will ensure closer coordination with the European Commission's Environment
25 and Health Strategy³ and its Action Plan 2004–2010, as well as with other action plans,
26 programmes and strategies on the environment, health and sustainable development.

27 7a. We recognize the increasing evidence, as addressed in the European Climate Assessment
28 and the Third Assessment Report of the Intergovernmental Panel on Climate Change (IPCC),
29 regarding the role of human activities in contributing to climate change and we recognize the
30 increasing short-term and long-term hazards posed to human health. In this context we recognize
31 the importance of ratification and implementation of the Kyoto Protocol with the minimum of
32 delay. Progress has been made since the London Conference in the exchange of information,
33 research and capacity-building, on the basis of the Conference Declaration on the early human
34 health effects of climate change and stratospheric ozone depletion. We acknowledge the
35 contributions of the WHO European Centre for Environment and Health in this regard. However,
36 significant work remains to be done in our efforts to identify, mitigate, prevent and adapt to the
37 health impacts of climate change and other global environmental changes to the largest extent
38 possible.

39 7b. We recognize that climate is already changing and that the intensity and frequency of
40 extreme weather events, such as floods, heat-waves and cold spells, may change in the future.
41 Recent extreme weather events caused serious health and social problems in Europe, particularly
42 in urban areas. These events will continue to pose additional challenges to health risk

³ *A European Environment and Health Strategy. Communication from the Commission to the Council, the European Parliament and the European Economic and Social Committee.* Brussels, Commission of the European Communities, 2003 (COM(2003) 338 final).

1 management and to the reliability of the power supply and other infrastructure. This demands a
2 proactive and multidisciplinary approach by governments, agencies and international
3 organizations and improved interaction on all levels from local to international. Based on the
4 working paper *Public health responses to extreme weather and climate events*, we decide to take
5 action to reduce the current burden of disease due to extreme weather and climate events. We
6 invite WHO, through its European Centre for Environment and Health, in collaboration with the
7 World Meteorological Organization, the European Environment Agency (EEA) and other
8 relevant organizations, to support these commitments and to coordinate international activities to
9 this end. We agree to report on progress achieved at the intergovernmental meeting to be held by
10 the end of 2007.

11 8. We welcome the efforts that the business community has made in improving its products
12 and production processes in an attempt to reduce pollution and product-related negative impacts
13 on children's health and the environment. We request the business community to continue and
14 enhance this work, and thereby to contribute to the improvement of health, consumer protection
15 and the environment in partnership with organizations, governments, local authorities, workers
16 and trade unions, and nongovernmental organizations.

17 9. We welcome the progress made in introducing integrative models and good practices on
18 healthy environment and safety management, in order to improve working conditions. We are
19 concerned, however, that the burden of disease, accidents and disabilities associated with the
20 occupational health environment is still too high. We are therefore committed to encouraging
21 further industry and trade union cooperation in this area and to strengthening our efforts to
22 further improve legal and administrative mechanisms, in cooperation with the authorities in
23 charge, particularly with the aim of eliminating any type of child labour damaging children's
24 health or welfare.

25 10. We recognize the need for high-quality and independent health and environment research
26 as a precondition of evidence-based policy-making. We acknowledge the active role played by
27 WHO, the European Commission and the European Science Foundation in reviewing the
28 developments in health and environment research. Emphasis should also be placed on research
29 into methodologies for developing guidelines and identifying best practices in the area of health
30 and the environment. We support the need for high-quality research, as outlined in the European
31 Environment and Health Strategy, including the health impacts of chemicals.⁴ We invite relevant
32 institutions (including the European Commission) and Member States to give appropriate
33 priority to health and environment research.

34 11a. We note that large quantities of chemicals are currently produced and marketed, with
35 largely unknown effects on human health and the environment. They constitute a potential risk
36 for the working population as well as for the general public. Decisive action should be taken
37 without undue delay to overcome the gaps in knowledge about the effects of chemicals on
38 human health and to achieve sustainable development in the chemical industry. The European
39 Union's new chemicals policy (Registration, Evaluation and Authorization of Chemicals –
40 REACH) will be of vital importance to all users of such chemicals, as REACH aims to provide
41 the information necessary for taking adequate risk management actions aimed at preventing
42 future threats to human health and the environment. We also call upon industry to enhance the
43 collection of relevant information for risk assessment of large-tonnage substances.

⁴ *A European Environment and Health Strategy. Communication from the Commission to the Council, the European Parliament and the European Economic and Social Committee.* Brussels, Commission of the European Communities, 2003 (COM(2003) 338 final).

- 1 11b. We renew our commitment to the decisions taken on chemicals at WSSD, aiming to
2 achieve, by 2020, the use and production of chemicals in ways that lead to the minimization of
3 significant adverse effects on human health and the environment. We support the work in the
4 United Nations Environment Programme (UNEP) on heavy metals and the Strategic Approach to
5 International Chemicals Management, within which special attention should be paid to children.
- 6 11c. More attention needs to be focused on the chemical composition of articles that children
7 come into contact with in everyday life. [Legislation should be the baseline for the regulation of
8 such products (the European Union directive on the safety of toys being an example of such
9 legislation), and we recognize that improvements need to be made by setting further
10 requirements. These further requirements include regulation of the content of chemical
11 substances in toys and a general ban on toys made of soft PVC containing phthalates that are
12 intended to be put in the mouth by children aged 0–3 years. The use of fragrances in childcare
13 products and other child products should be banned or minimized.]
- 14 12. We recognize the importance of properly assessing the economic impacts of different
15 levels of environmental degradation, in particular the direct and indirect costs incurred by society
16 in addressing environment-related diseases. We invite WHO, the Organisation for Economic
17 Co-operation and Development and the European Commission, together with other relevant
18 international organizations, to further develop tools and guidelines to address these issues, in
19 order to make reliable estimates that will support policy-making and help in priority-setting.
- 20 13. We recall the UNECE Protocol on Strategic Environmental Assessment to the Convention
21 on Environmental Impact Assessment in a Transboundary Context⁵ adopted and signed at the
22 Fifth Ministerial Conference “Environment for Europe” held in Kiev from 21 to 23 May 2003,
23 that acknowledges the benefits to the health and well-being of present and future generations that
24 will follow if the need to protect and improve people’s health is taken into account as an integral
25 part of strategic environmental assessment. We commit ourselves to taking significant health
26 effects into account in the assessment of strategic proposals under the Protocol.
- 27 14a. We recognize that the existing housing stock, the lifestyles of our population, the
28 immediate environment of dwellings and the social conditions of the inhabitants should all be
29 considered in developing healthy and sustainable housing policies. We also understand that
30 many environmental exposures occurring in the indoor and outdoor environment are linked to
31 inadequate housing conditions all over the Region. We take note of the Habitat Agenda endorsed
32 at the United Nations Conference on Human Settlements (Istanbul, 3–14 June 1996) and the
33 forthcoming programme of work of the United Nations Commission on Sustainable
34 Development, which focuses on water, sanitation and human settlements (including sustainable
35 urban planning and management, and hygiene in housing and living conditions).
- 36 14b. We are therefore committed, within the limits of our national mandates, to taking action to
37 ensure that health and environmental dimensions are placed at the core of all housing policies
38 (from housing construction and rehabilitation plans, programmes and policies to the use of
39 adequate building materials) and that healthy conditions are ensured and maintained in the
40 existing housing stock. We commit ourselves to contributing to the development and
41 strengthening of housing policies that address the specific needs of the poor and the
42 disadvantaged, especially regarding children.

⁵ Turkey has reservations on this paragraph since it is not a signatory to the Convention on Environmental Impact Assessment in a Transboundary Context.

1 14c. We call for initiatives and programmes aimed at providing national and local authorities all
2 over the Region with guidance for integrating health and environment concerns into housing
3 policies. We urge WHO and the European Commission, together with other relevant
4 international organizations, to work to this end within their respective mandates. We commit
5 ourselves to promoting and cooperating with the vast number of authorities involved at all levels
6 of government in developing policies and regulations in the field of housing and the built
7 environment, thereby ensuring that prevention of disease and promotion of good health are taken
8 into account to the maximum extent possible.

9 15. We recall the decisions and Type II initiatives taken on energy at the 26th Summit Meeting
10 of the leaders of eight major industrialized economies (G8) in Okinawa, Japan in July 2000, the
11 decisions taken on energy at WSSD, as well as the Type II initiatives launched during and after
12 the summit meeting in Johannesburg in September 2002 and the Fifth Ministerial Conference
13 “Environment for Europe” in Kiev, Ukraine in May 2003. We will continue to advocate that
14 every household in the European Region should have access to reliable, efficient and affordable
15 energy services for basic activities of daily life. We will encourage the sustainable and
16 appropriate use of renewable energy (such as hydropower, biomass, wind and solar energy). We
17 will further strengthen our efforts and collaborate with other relevant sectors to reduce the health
18 risks from energy generation, transmission and distribution. We recommend that WHO and other
19 relevant organizations, within the limits of their competence, follow up developments on these
20 matters, monitor progress in reducing the burden of disease and report back to the
21 intergovernmental meeting to be held by the end of 2007.

22 **Tools for policy-making**

23 16a. We reaffirm the need for an environment and health information system (EHIS) as an
24 essential tool to support policy-making in this field, allowing priorities to be set on the basis of
25 evidence, enhancing access to information and facilitating communication with the public. We
26 recognize that a well designed EHIS will facilitate comparisons between countries and regions
27 and will streamline national and international reporting, while ensuring effective use of
28 resources, increasing the consistency of various assessments and avoiding duplication.

29 16b. We commend the work done by the WHO Regional Office for Europe, the European
30 Commission and EEA, providing the methodological background for a core set of environment
31 and health indicators linked with assessment and reporting mechanisms.

32 16c. The environment and health information system should:

- 33 • help identify and prioritize the environmental health problems that are widespread in
34 countries of the Region and facilitate prompt assessment and management of emergencies;
- 35 • make it possible to monitor the effect of actions taken;
- 36 • ensure timely access to information and contribute to building advocacy, communication
37 and education strategies;
- 38 • use standardized methodologies for data collection, processing and dissemination, allowing
39 interregional and intercountry comparisons and time trend analyses;
- 40 • be based initially on existing information and be further developed progressively on the
41 basis of scientific rationale, policy needs and feasibility, while ensuring the streamlining of
42 reporting;

- 1 • integrate system elements such as data from monitoring and statistics, health as well as
2 sustainable development indicators, and assessment and reporting, including information
3 about relevant policies, actions and projects.

4 16d. We endorse the initiation of a framework plan to develop EHIS, including the following
5 actions:

- 6 • set up national and international decision-making processes for the selection and approval
7 of system elements;
- 8 • establish an international steering mechanism based on the network of country
9 representatives and key international bodies, assuring planning, coordination and
10 assessment of the programme and reporting to the intergovernmental conference in 2007;
- 11 • develop and update methodological guidelines as necessary and carry out capacity-building
12 as well as training initiatives for personnel in charge;
- 13 • establish a network based on collaboration between local, national and international
14 bodies, to share information and expertise, building on existing organizational and
15 technical infrastructure.

16 16e. We reaffirm the need for and commit ourselves to elaborating the framework plan to
17 develop EHIS, including the setting up of a network. We invite WHO and the European
18 Commission, together with other relevant organizations and institutions, including EEA, UNECE
19 and UNEP, in accordance with their respective mandates, to join us in developing the pan-
20 European EHIS. We encourage these organizations to contribute as appropriate to the
21 development of EHIS. We will stimulate intersectoral and interagency collaboration in our
22 countries (beyond the health and environment sectors) to support the pan-European EHIS. We
23 request WHO, EEA and the European Commission to elaborate elements of the shared
24 information system and, in particular, to further develop and manage the environment and health
25 indicators, related data sets and the shared information infrastructure. We will report back on
26 progress made to the intergovernmental meeting to be held by the end of 2007.

27 17a. We understand that protecting public health and the environment requires foresight,
28 transparency and the meaningful democratic involvement of stakeholders in decision-making
29 processes. We recognize that delay in addressing a suspected health threat can have public health
30 consequences. This is particularly important when considering the special vulnerability of
31 children to some environmental threats. However, we often face uncertainties in our scientific
32 knowledge of the environmental risks to health. We recognize the fundamental value, in the
33 context of environmental policy-making, of the Rio Declaration on Environment and
34 Development of 1992, which says that “where there are threats of serious or irreversible damage,
35 lack of full scientific certainty shall not be used as a reason for postponing cost-effective
36 measures to prevent environmental degradation” and of the European Commission’s 2000
37 Communication on the Precautionary Principle (COM(2000)1 final). We reaffirm the importance
38 of the precautionary principle as a risk management tool, and we therefore recommend that it
39 should be applied where the possibility of serious or irreversible damage to health or the
40 environment has been identified and where scientific evaluation, based on available data, proves
41 inconclusive for assessing the existence of risk and its level but is deemed to be sufficient to
42 warrant passing from inactivity to policy alternatives.

43 17b. We welcome the work done in WHO on the precautionary principle and more generally on
44 precautionary considerations. We [acknowledge] [note] the WHO document *Dealing with*
45 *uncertainty – how can the precautionary principle help protect the future of our children?* The

1 proposed approach in the WHO document has relevance to the whole risk assessment,
2 management and communication process, and can be based on simple steps and policy actions
3 such as:

- 4 • improving and expanding the range of scientific tools;
- 5 • increasing the transparency of decision-making, expanding the range of stakeholders and
6 legitimate factors involved in decision-making processes;
- 7 • increasing our ability to identify early warnings of risks;
- 8 • establishing research and education programmes to address gaps in knowledge;
- 9 • developing and implementing safer and cleaner production and sustainable consumption
10 patterns.

11 17c. We call upon WHO to ensure that guidelines are developed with the aim of balancing the
12 distribution of benefits and costs of environmental health measures and weighing up the health
13 improvements and other benefits against anticipated costs, as well as possible legal constraints
14 and impediments to free trade.

15 18a. We affirm the importance of and need for communication with the public at large on
16 environment and health, particularly where the interests of children and other vulnerable groups
17 are involved. We also recognize the right of children to participate as laid down in the
18 Convention on the Rights of the Child and the need to involve them in activities related to
19 children's health and environment. We invite international organizations to help address this
20 issue, including through support for meeting the commitments of the Århus Convention,⁶ with
21 the development of guidelines on risk communication as an important tool for bringing
22 environmental health considerations to the attention of different sectors and for heightening
23 public awareness.

24 18b. We understand that the training and information received by environment and health
25 professionals and decision-makers need to incorporate modern knowledge, methods and
26 concepts on health and the environment more than they have done to date. We stress the need to
27 reflect these challenges in the future education and training of all medical professionals,
28 especially in the light of the progressive harmonization of medical education. We also
29 acknowledge the need for other professionals to receive adequate information on health and
30 environment issues and on the interaction between each sector and this domain. We also
31 encourage the production and dissemination, through appropriate mechanisms, of written and
32 audiovisual materials that will be useful as learning tools, especially with reference to children.

33 18c. We call upon WHO, in collaboration with other stakeholders, to provide guidelines for
34 advocacy, information, education and communication on health and the environment,
35 particularly regarding children, and to establish a network of environment and health-oriented
36 contacts so as to ensure that the general public always has access to reliable and helpful
37 information.

⁶ Turkey has reservations on this paragraph since it is not signatory to the Århus Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters.

1 **Children's Environment and Health Action Plan for Europe**

2 19a. We commend the increasing efforts made by WHO to ensure a healthier future for our
3 children, including the establishment of a "Healthy Environments for Children Alliance", and in
4 particular those made by the WHO Regional Office for Europe in reviewing existing knowledge
5 on the relationship between children's health and the main environmental exposures, as well as
6 in making a first attempt to assess the burden of disease that is attributable to environmental
7 hazards among European children. We also recognize the efforts made by the European
8 Commission to address the most important environmental hazards for children through the
9 drafting and enforcement of new strategies and legislation, particularly in the area of children's
10 health and environment.

11 19b. We adopt the Children's Environment and Health Action Plan for Europe (CEHAPE) and
12 reaffirm our commitment to attaining the Regional Priority Goals referred to in the CEHAPE.
13 We will ensure that the comprehensive policies described in those documents are effectively
14 implemented on a national basis. In doing this, we will refer to and be guided by the Table of
15 child-specific actions on environment and health for possible inclusion in national plans that has
16 been developed by WHO with contributions from Member States, international agencies and
17 nongovernmental organizations. We commit ourselves to reporting back on progress towards
18 these goals at the intergovernmental meeting convened by WHO by the end of 2007 and at the
19 next European Ministerial Conference on Environment and Health to be held in 2009. Following
20 this review, we agree to discuss the possibility of the future development of this instrument.

21 19c. We recognize that the CEHAPE and the European Commission's Action Plan 2004–2010,
22 derived from the European Environment and Health Strategy, are major steps towards ensuring
23 that our common concerns about the future of our children are addressed with their active
24 participation and with urgency. We call for further integration of the two plans, in order to
25 implement them more efficiently.

26 **Particular needs of newly independent states and countries of south-** 27 **eastern Europe**

28 20a. We note the closer cooperation on health and environment issues between the ministries of
29 health in countries that are members of the Commonwealth of Independent States. In particular,
30 we welcome the initiative taken by the ministers of health to develop a subregional plan for
31 concerted international action. We acknowledge the efforts made to produce the Environment
32 Strategy for Countries of Eastern Europe, Caucasus and Central Asia (Environmental
33 Partnerships in the UNECE Region) and recognize the importance of measures targeted at
34 attaining the goals of the Environment Strategy.

35 20b. We are, however, concerned at the findings of Part II of the report entitled *Health and the*
36 *environment in the WHO European Region: Situation and policy at the beginning of the 21st*
37 *century* which show that many areas still have made little progress in controlling and containing
38 health hazards arising from the environment. We commit ourselves to further strengthening our
39 collaboration in order to support actions aimed at improving the environment and health situation
40 in the Commonwealth of Independent States, as well as in other areas needing particular
41 attention, such as the countries of south-eastern Europe.

1 20c. We invite WHO and the European Commission, together with UNECE, UNEP, regional
2 environment centers and international donors, to establish effective mechanisms for coordinating
3 technical and financial assistance to the newly independent states and countries of south-eastern
4 Europe, in order to stimulate legislative and institutional reforms, strengthen countries'
5 capacities and effectively reduce exposures to environmental hazards and their health impacts
6 throughout the whole European Region of WHO. We commit ourselves to supporting
7 partnerships and other initiatives in the Region, such as the component for countries of eastern
8 Europe, Caucasus and central Asia (EECCA) of the European Union's Water for Life Initiative.

9 20d. We invite the WHO Regional Office for Europe to support the initiative of the newly
10 independent states and some countries of south-eastern Europe to reform and upgrade their
11 sanitary/epidemiological services and set up public health systems. We recognize that this reform
12 will make a substantial contribution to implementation of the Budapest Declaration and will
13 facilitate further development of the Environment and Health process.

14 **The future of the Environment and Health process in Europe**

15 21a. We welcome the findings of Part III of the report on *Health and the environment in the*
16 *WHO European Region: Situation and policy at the beginning of the 21st century* and in
17 particular we note with satisfaction that this process has had a positive influence on European
18 environment and health activities. We acknowledge the role played by ministerial conferences
19 and international workshops and appreciate the opportunities for the exchange of information
20 and the establishment of multilateral partnerships, which help us to meet our international
21 commitments. Taking this into account, we support the recommendations made in the report and
22 aim to exploit to the full the potential of the Environment and Health process in Europe.

23 21b. We agree to meet again at a fifth European ministerial conference on environment and
24 health to be held in 2009 in [XXX]. We invite WHO to convene an intergovernmental meeting to
25 carry out a midterm review of the process by the end of 2007. We recognize that such a follow-
26 up mechanism requires human and financial resources to ensure its sustainability. We will do our
27 utmost to provide the available human and financial resources to comply with this schedule of
28 events, to ensure adequate reporting back on the main policy outcomes of the Conference and to
29 strengthen our collaboration and synergy.

30 21c. We are concerned that, nearly two years after WSSD in Johannesburg, health aspects are
31 still not well integrated into international and national initiatives, strategies and action plans on
32 sustainable development. We will make full use of our national commissions for sustainable
33 development to achieve the goals of WSSD, to integrate health into sustainable development, to
34 collaborate further with other sectors and to provide assistance and build capacity to deal with
35 the health aspects of sustainable development.

36 21d. We also recognize the need to collaborate with the Environment for Europe process,
37 bearing in mind the Declaration of the Fifth Ministerial Conference "Environment for Europe"
38 (Kiev, 2003) and agree that the Environment and Health process in Europe should continue to
39 take into careful consideration the recommendations made by other high-level international
40 processes dealing with environment and health in the Region.

41 21e. We invite WHO and the European Commission to consolidate and expand their
42 cooperation on meeting the commitments summarized in this Declaration, by carrying out their

1 respective roles and mandates and making efficient use of existing human and financial
2 resources.

3 **The role of the WHO European Centre for Environment and Health**

4 22a. We have noted that, since the establishment of the WHO European Centre for Environment
5 and Health (ECEH) recommended at the First Ministerial Conference on Environment and
6 Health held in Frankfurt in 1989, environment and health has attracted increasing interest from
7 policy-makers and the scientific community. We renew our thanks to the governments of Italy
8 and Germany for the financial support they offer to WHO by hosting the two offices that make
9 up ECEH. We appreciate the high quality of the scientific work being produced by ECEH and
10 the initiatives that have arisen in the field of environment and health through its establishment.

11 22b. We are further encouraged by the opportunities provided by this Centre to meet the needs
12 of Member States in an efficient way, by being more accessible to the States they serve and
13 understanding their cultural and legal needs. We also recognize that the Centre offers more direct
14 access to the services provided by the WHO Regional Office within the European Region.

15 22c. We therefore recommend that the WHO European Centre for Environment and Health
16 should continue to provide Member States with evidence to support policy-making in
17 environment and health. We call upon other Member States to join Italy and Germany in
18 providing support for the activities of ECEH. We further invite the European Commission and
19 other organizations to make full use of this centre of excellence and the technical services it
20 offers, to ensure that all existing scientific evidence is taken into account when legislation is
21 drawn up and standards are set. We invite WHO to continue adjusting its expertise in
22 environmental health to the changing needs of the Region.

23 **The role of the European Environment and Health Committee**

24 23a. We acknowledge the significant role played by the European Environment and Health
25 Committee (EEHC) in establishing international partnerships in the field of environment and
26 health and in providing contributions and advice during the preparations for this conference.

27 23b. We agree to extend the mandate of EEHC by another five years, to provide advice until the
28 next conference according to the terms of reference outlined in the working paper *The future of*
29 *the Environment and Health process in Europe*. We request that the number of Member States
30 represented on EEHC should be increased to 10, to ensure adequate geographical representation.
31 We also request that EEHC should continue its activities in accordance with an output-based
32 workplan and report annually to the WHO Regional Committee for Europe and to the UNECE
33 Committee on Environmental Policy on the progress made. We invite WHO to continue to act as
34 the secretariat of EEHC and to convene its first meeting before the end of 2004, as well as to
35 ensure proper involvement of Member States which are not members of EEHC.

36 23c. We invite the WHO Regional Committee for Europe, the UNECE Committee on
37 Environmental Policy and their respective secretariats to consider this Declaration and the
38 recommendations made therein, and to ensure that priority is given to activities and programmes
39 in the area of health and the environment.

1 23d. We call on WHO to take the necessary steps to ensure that the Environment and Health
2 process in Europe is fully supported and that priority is given to activities and programmes
3 designed to fulfil the requirements of this Declaration.

4 23e. We expect WHO, in cooperation with UNEP, to take the necessary steps to ensure
5 adequate coverage of an environment and health process on a global scale.

6 We the undersigned, on behalf of all the Ministers of Health and Environment in the
7 European Region of WHO, together with the WHO Regional Director for Europe and in the
8 presence of the Commissioners for Health and the Environment of the European Commission,
9 reaffirm the commitments undertaken by previous conferences and pledge to continue to support
10 the initiatives outlined above. We hereby fully adopt the commitments made in this Declaration.

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Minister of Health, Social and
Family Affairs, Hungary

Minister of Environment and Water,
Hungary

Regional Director,
WHO Regional Office for Europe